| | Fill in this information to identify the case: | | htered 12/06/19 15:34:10 of 2 | Desc |
|---|--|------------------------|----------------------------------|------|
| | Debtor 1 | | | |
| | Debtor 2 (Spouse, if filing) | | | |
| l | United States Bankruptcy Court for the: | District of (State) | | |
| l | Case number | , , | | |

Form 4100R

| Response t | o Notice of Final Cure Payment | 10/15 | | | | |
|---|---|-----------------------------|--|--|--|--|
| ccording to Bankrupt | cy Rule 3002.1(g), the creditor responds to the trustee's notice of final cur | re payment. | | | | |
| | | | | | | |
| Part 1: Mortgage | Information | | | | | |
| Name of creditor: | | Court claim no. (if known): | | | | |
| 4 . 15 . 15 | | | | | | |
| | number you use to identify the debtor's account: ———————— | | | | | |
| Property address: | Number Street | | | | | |
| | | | | | | |
| | | | | | | |
| | City State ZIP Code | | | | | |
| | | | | | | |
| art 2: Prepetition | on Default Payments | | | | | |
| Check one: | | | | | | |
| | hat the debtor(s) have paid in full the amount required to cure the prepetition | on default | | | | |
| on the creditor's | | | | | | |
| Creditor disagrees that the debtor(s) have paid in full the amount required to cure the prepetition default on the creditor's claim. Creditor asserts that the total prepetition amount remaining unpaid as of the date | | | | | | |
| of this response i | | Ψ | | | | |
| Part 3: Postpetiti | ion Mortgage Payment | | | | | |
| art 5. Postpetiti | on wortgage rayment | | | | | |
| Check one: | | | | | | |
| | nat the debtor(s) are current with all postpetition payments consistent with § Code, including all fees, charges, expenses, escrow, and costs. | 3 1322(b)(5) of | | | | |
| | | | | | | |
| rne next postpet | ition payment from the debtor(s) is due on: //////YYYYY | | | | | |
| | nat the debtor(s) are not current on all postpetition payments consistent with y Code, including all fees, charges, expenses, escrow, and costs. | n § 1322(b)(5) | | | | |
| Creditor asserts t | that the total amount remaining unpaid as of the date of this response is: | | | | | |
| a. Total postpeti | ition ongoing payments due: | (a) \$ | | | | |
| b. Total fees, ch | narges, expenses, escrow, and costs outstanding: | + (b) \$ | | | | |
| c. Total . Add lin | ies a and b. | (c) \$ | | | | |
| | that the debtor(s) are contractually | | | | | |
| - | postpetition payment(s) that first became | | | | | |
| due on: | MM / DD / YYYY | | | | | |

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| Debtor 1 | | | | | | Case number (if known) |
|------------------|-----------------|------------------|----------------------------------|-----------------|----------------|---|
| | First Name | Middle Name | Last Name | | | |
| | | | | | | |
| Part 4: | temized Pa | yment Histo | ory | | | |
| | | | | | | |
| | | | | | | paid in full or states in Part 3 that the |
| | | • | | | - | s, charges, expenses, escrow, and costs, |
| | | | d payment his of this respons | • | ng the follow | wing amounts from the date of the |
| • | ments recei | • | ii iiis respons | oc. | | |
| all fees | s, costs, esc | row, and exp | enses assess | | ortgage; and | 1 |
| all amo | ounts the cre | editor contend | ds remain unp | aid. | | |
| | | | | | | |
| | | | | | | |
| Part 5: S | Sign Here | | | | | |
| | | | | | | |
| The perso | - | ing this resp | onse must si | ign it. The i | response n | nust be filed as a supplement to the creditor's |
| proor or c | iaiii. | | | | | |
| Check the | appropriate b | ox:: | | | | |
| I am th | e creditor. | | | | | |
| I am th | e creditor's a | uthorized age | nt. | | | |
| | | | | | | |
| | | | 41 - 4 41 - 1 - 6 - | | | |
| | | | tnat the into rmation, and | | | is response is true and correct |
| | | | | | | |
| | | | | | | d telephone number if different |
| from the no | olice address | s listed on the | e proof of clair | n to which th | nis response | e applies. |
| | | | | | | |
| , | × | | | | | |
| • | | | | | | Date/ |
| | Signature | | | | | |
| | | | | | | |
| Print | First Name | N | liddle Name | Last Name | | Title |
| | | | | | | |
| Company | | | | | | |
| Company | | | | | | |
| | | | | | | |
| If different fro | om the notice a | address listed o | n the proof of cla | aim to which th | nis response a | pplies: |
| | | | | | | |
| Address | Number | Street | | | | |
| | | | | | | |
| | City | | | State | ZIP Code | |
| | Gity | | | Sidle | ZIF CODE | |
| • | , | | | | | |
| Contact phone | e ()_ | | | | | Email |